

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE**

**CERTIFIED INSTRUCTOR for
COSMETOLOGY/BARBER, ESTHECTICS,
ELECTROLOGY, or NAILS TECHNOLOGY**

DOPL-AP-102 REV 10/18/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting documents and Fees:

1. If you are applying for an **instructor certificate**, submit the following documents and fees.
 - ❑ If your instructor training was conducted by a Utah cosmetology/barber school, esthetics school, electrology, or nails technology school, submit a "Verification of Graduation" form.

Request that a school official complete the form and return it to you for submission with

your application.

- ❑ If your instructor training was conducted by a school located in a state other than Utah, using the “Request For Verification of License” form, obtain verification of licensure from every state in which you are currently licensed as a cosmetologist/ barber, esthetics, electrology or nails technician instructor.

Request that the certifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.

- ❑ If you are applying by experience, submit a "Verification of Work Experience" form.

Request that the employer(s) complete the form and return it to you for submission with your application.

- ❑ Submit the original letter from Experior verifying your passing score on the Utah Instructor Examination for the profession in which you are applying for an instructor license.
- ❑ Submit the original letter from Experior verifying your passing score on the Utah Law and Rules Examination.

Licensure Fee Information:

- ❑ If you are applying to be an **ESTHECTICS, ELECTROLOGY, or NAILS TECHNOLOGY INSTRUCTOR** you will need to submit a \$50.00 non-refundable application-processing fee.
- ❑ If you are applying to be a **COSMETOLOGY / BARBER INSTRUCTOR** you will need to submit a \$40.00 non-refundable application-processing fee.

Additional Important Information:

1. **NOTE: To teach esthetics, an instructor must have a cosmetology/barber or esthetician instructor license and must be able to document a minimum of 1,000 hours of experience in esthetics.**
2. **Law and Rules Examination:** All applicants for licensure must pass the Utah Law and Rules Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams. The study guide includes exam questions and correct answers.

In addition, the following applicable laws and rules are available on the Internet at <http://www.dopl.utah.gov>

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act
- ❑ Cosmetologist/Barber Licensing Act Rules

2. **Temporary Licenses:** Temporary licenses are not issued.
3. **Verification of License:** If a verifying state insists on submitting the verification directly to the division, indicate that fact on the "Licenses" section of the application.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6628

Utah Toll-Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____Cosmetology/Barber Instruction Certificate

_____Electrology Instruction Certificate

_____Esthetician Instruction Certificate

_____Nails Technology Instruction Certificate

EDUCATION REQUIREMENT (Use additional sheets if necessary):

Name: _____ Dates Attended: _____ to _____

Location: _____

Hours Completed: _____ Date of Graduation: _____

Telephone: _____

EXAMINATION REQUIREMENT:

Answer "Yes" or "No"

_____Utah Law and Rules Exam Date passed _____

_____Utah Instructor Licensing Exam Date passed _____

_____Other State Exam, Name of Exam: _____ Date passed _____

EXPERIENCE REQUIREMENT:

If teaching esthetics, an instructor must be able to document completion of 1,000 hours of experience in esthetics or licensure as a Master Esthetician.

Hours of Experience in Esthetics: _____

Master Esthetician License Number: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held.
Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

CERTIFIED INSTRUCTOR QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a professional licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ Are you currently using or have you recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
8. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
10. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer yes to question 9 or 10 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

11. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
12. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

If you answered "YES" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant:_____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

VERIFICATION OF GRADUATION

**TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE
COSMETOLOGY/BARBER, ELECTROLOGY, ESTHETICS, OR NAILS TECHNOLOGY
SCHOOL:**

Name of Student: _____

Telephone: _____

Name of School: _____

Telephone: _____

Address of School: _____

Date of Enrollment: _____ Date of Graduation: _____

Type of Course Completed: _____ Instructor _____ Other, specify _____

Total Number of Hours Completed _____

I declare that the above named individual has fulfilled the requirements for graduation as a cosmetologist/barber, electrologist, esthetician or nails technician pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the division or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Name of School Official (Please Print): _____

Signature of School Official: _____

Date of Signature: _____

(SEAL)

NOTE: A copy of this form must be presented to the examination agency to be allowed to sit for any examination. The original copy of this form must be submitted with the application for licensure.

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____

I am/have been licensed in your state under the name _____

My Social Security Number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State _____

_____ Waiver, _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

VERIFICATION OF WORK EXPERIENCE

TO BE COMPLETED BY EMPLOYER:

Name of Applicant:_____

Name of Employer:_____

Business Name_____

Business Telephone:_____

Address of Business:_____

Dates of Employment From ___/___ To ___/___ Hours Worked Per Week:___ Total Hours:___

Nature of Applicant's Duties:_____

Was applicant's performance satisfactory?

_____ Yes

_____ No, please explain_____

Signature of Employer:_____

Date of Signature:_____